

# The Health Care Monitor

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## TRICARE Northwest



Everett's new clinic will open May 30 with a Red Ribbon Cutting ceremony at 1:00 PM. All TRICARE staff and beneficiaries are invited to an open house May 29 from 6-8 pm.

## TRICARE Online: still working the bugs out of the system

Sources: OLA TRICARE NW Region Marketing

MAMC—Will be the first MTF in this region to go “live” and begin the testing phase of TRICARE Online services such as the appointment schedul-

ing feature. TRICARE beneficiaries enrolled in other Washington state Military Treatment Facilities should come online at a future date. Soon, MAMC TRICARE eligible staff en-

rolled here will be able book their routine or follow-up appointments online. **Remember customers can always continue to make their appointments by phone,** but soon will have

a choice.

Please call Department of Defense Helpline if you have any questions or difficulties at their toll free number: 1-866-363-3932.

## Civilians, Military susceptible to 9-11 stress disorders

By Gerry J. Gilmore  
American Forces Press Service

WASHINGTON, March 15, 2002 -- The Sept. 11, 2001, terrorist attacks at the Pentagon, in New York City and Pennsylvania claimed far more than thousands of innocent lives. Some experts believe millions of Americans across the country may have been psychologically affected by the events as well.

"Post-traumatic stress disorder is a very complex syndrome that results from an individual's experience with major life trauma," Dr. David Tornberg, deputy assistant secretary of defense for clinical and program policy.

Tornberg spoke March 12 at the National Mental Health Awareness Campaign Town Hall at the National Press Club here. He was one of several guest panelists at the event, moderated by campaign chairwoman Tipper Gore.

The doctor noted that military health professionals have dealt for decades with PTSD -- more commonly known as "shell shock" or "combat fatigue" in military circles.

"We're very proud of our military psychiatrists, who over the years have made a major contribution to identifying and treating stress disorders," Tornberg noted. Military medical researchers, he said, determined decades ago that shell shock was



(Photo by AP News Service)

"a tremendous disabler" that pervaded among fighting men during World War I.

"We were much better prepared in World War II (to deal) with combat fatigue," Tornberg said. Prevention and treatment methods developed by researchers between the wars, he added, enabled 60 to 80 percent of combat-fatigue-affected troops to return to duty. He said accumulated knowledge of prevention and treat-

ment of American service members affected by PTSD has been employed during and after subsequent wars.

Routine anxiety caused by everyday stressors normally "dissipates with time," Tornberg noted. PTSD left untreated may

become chronic, he emphasized, and that's why prompt treatment is paramount. Today, mental health teams trained to treat combat stress are embedded throughout the military, he said.

"No. 1 is assuring the individual of survival ... and continued safety," he said. "We then attend to issues of health and well-being" like food, clothing and shelter, which also enhance a patient's feelings of security.

Communication with PTSD patients is key, to

include "reintroducing, reorienting them to their circumstances and placing them in contact with loved ones and friends," Tornberg said. Such treatment is often sufficient to enable PTSD patients to "go on and be productive," he noted. Today, mental health teams trained to treat combat stress are embedded throughout the military, Tornberg said.

He noted the events of Sept. 11 "have put things into perspective" concerning the psychological effects of horrific events on affected populations.

At the onset of the attacks, he added, the military immediately mobilized mental health professionals, social workers, occupational therapists and chaplains to provide counseling for military and civilians, including family members of victims.

"We offer the opportunities for follow-up care. We try not to be obtrusive about bringing it to the individual, but to let them know that it is available and we care," he added.

NMHAC board member Robert Boorstin of Greenberg/Quinlan Research used the word

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## Fleet Hospital Bremerton tests at Camp Pendleton



SH3 Marcus Mercer of Naval Hospital Lemoore (CA) heads a stretcher team moving a wounded comrade from the casualty receiving area during Fleet Hospital Bremerton's recent Operational Readiness Evaluation at Camp Pendleton, CA. Mercer, a native of Richmond, VA, was one of the FHB personnel drawn from other medical facilities on the West Coast. Along with his duties as a stretcher-bearer, Mercer helped run the Circle F Cantina, the fleet hospital store at the training site. (U.S. Navy photo by: JO1(SW) Stacey Moore)



Spec. Nicole Dhanraj, an Army Medic from Ft. Lewis, (WA) assists HM2 John Parker, assigned to Naval Hospital Bremerton, in positioning a stretcher in an ambulance. Dhanraj, one of five Army personnel deployed to the Operational Readiness Evaluation with Fleet Hospital Bremerton in March, spent some of her time training with the naval personnel in loading wounded into ambulances and helicopters. Dhanraj, originally from Port-of-Spain, Trinidad, entered the Army for education. She plans to become a United States Citizen. (U.S. Navy photo by: HM2 Julie Jorgensen)

Lt. Cmdr Mark Everett, USCG, from the Office of the Lead Agent congratulates Chief Petty Officer Johnnie Taylor, Jr., Navy & Marine Corps Liaison for his work and dedication helping serve the Coast Guard. He presented Taylor with the Commandant's Letter of Commendation Ribbon Bar March 5 in a ceremony held at Madigan Army Medical Center where Taylor works.





# CHAMPUS more than a name change since 1994—it's improved...



This is the first in a short series of articles detailing some milestones or improvements in the **TRICARE Program since 1994 when CHAMPUS became TRICARE:**

**1 – Enrollment Fees** - Initial package revamped before initiation of TRICARE Program - Originally E-5 and above family members would have been charged \$35 per individual or \$70 per family. Retirees and their families would have been charged \$100/\$200 respectively. This was changed before the benefit was ever implemented, with ADFM enrollment fees being eliminated entirely, and retiree and family

member fees going to \$230/ \$460.

**2 – Quarterly payments** – One of the first changes implemented to improve customer satisfaction. Retirees complained that a lump sum payment of \$230/ \$460 was simply too much for their budgets to bear. DoD responded by directing MCSCs to allow quarterly payment of enrollment fees.

**3 – Elimination of dual-billing requirements/ balance billing of Prime enrollees.** When program was initiated, enrollees were responsible for paying separate co-payments for PCM visits and for any tests or procedures ordered by the PCM in conjunction with the

visit.

Prime enrollees were also subject to balance-billing by exempt providers, such as ambulance services, for example. All balance-billing was eliminated for prime enrollees.

Exempt providers could charge any amount they wanted when balance-billing TRICARE Standard/ Prime beneficiaries. This practice was discontinued and all TRICARE providers were limited to only balance-billing standard beneficiaries 15% above the TRICARE Maximum Allowable Charge.

*(More highlights will be featured next month)...*



## Naval Hospital Bremerton gets a visit from a VIP

Cmdr. Mary Kenney-Gutshall, NC, holds three-week-old Ashlyn Vandergrift on the Obstetrics floor during her meeting with Rear Admiral Nancy Lescavage, Nurse Corps Director and Assistant Chief for Health Care Operations for the Navy Bureau of Medicine and Surgery.

Lescavage visited Naval Hospital Bremerton Mar. 26 while on her tour of Pacific Region Northwest naval facilities. Hospitalman Recruit Elvia Garcia stands by. Ashlyn's parents are ABE1 Christopher and Elizabeth Vandergrift. Vandergrift is assigned to TPU, Subase Bangor. (U.S. Navy photo by: PH3 Rachel Bonilla)

## Call if you need help regarding difficult cases...

MAMC—Mr. Frank Doherty works for the Office of the Lead Agent as this region's Beneficiary Counselor & Assistance Coordinator (BCAC) and the Debt Collection Assistance Officer (DCAO). Doherty helps TRICARE beneficiaries understand their TRICARE benefit choices and provides counseling when necessary. He enjoys assisting customers in making their TRICARE benefit plan choice to best meet that benefi-



**Mr. Frank Doherty**  
TRICARE NW Region  
BCAC/DCAO

aries needs. Another important part of his job

is assisting customers who are at risk of a debt collection action for any reason relating to their TRICARE benefit. Beneficiaries are encouraged to first discuss their problems or needs with their local MTF BCAC or DCAOs, but Doherty often helps when a beneficiary has a problem that continues or sometimes gets worse. From his many years of government service, he has learned how to work with clients and resolve difficult prob-

lems. Doherty continues with a case until a customer finds the help he/she needs. He's known for his friendly customer service skills. If he can assist you he can be reached "toll free" by calling (866) 232-7549, (commercial line) at (253) 968-3421, DSN 782-3421 or by E-mail: frank.doherty@nw.amedd.army.mil

## Tele-voice reminder of your next appointment: Everett Clinic

Naval Hospital Bremerton  
PAO  
**Branch Clinic Everett**

The next time you hear an unfamiliar voice on your telephone, don't hang up. It may be just what the doctor ordered.

On March 21, Branch Medical Clinic Everett instituted the AudioCare system, an automated patient reminder call system.

The system operates between 5:30 and 8:30 p.m. Saturday through Wednesday. A tele-voice will ask questions to verify the patient's identity. Then the system will remind the listener of the appointment that is sched-

uled in two days and will give the patient the option of canceling that appointment.

"The benefits to both the clinic and patients are enormous," said Donna Corser, Naval Hospital Bremerton's Management Information Department. "This is an interactive system that allows people to cancel if they are unable to keep the appointment or if they no longer need to see a health care provider," she said.

In the past, this would leave a hole in the clinic's appointment schedule depriving someone who needed an appointment the use of that time. With

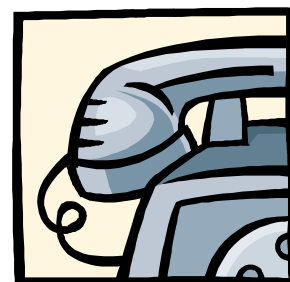
the AudioCare System, that valuable appointment time will get used.

"Giving patients the option to cancel will provide the clinic with a much clearer picture of what the day's workload will be. It enables the clinic to contact people who are in need of an appointment. The system will help everyone concerned," Corser said.

The system is user friendly and provides a way to verify if the message has actually reached the person it was designed to reach. For children's appointments, it requests the information from the parent. It is designed to

call several times during the operational hours in an attempt to reach the patient.

As an interactive process, Audio-Care will leave a message on an answering machine indicating the attempt to notify the patient, but it does not leave sensitive patient information, protecting patient privacy.



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"resilient" to describe the emotional health of most Americans after the Sept. 11 attacks. However, he also pointed to a recent nationwide survey that reported as many as 8 million Americans are experiencing depression or anxiety as a direct result of the attacks.

"We're clearly dealing with quite a large population" that may need care, he remarked. And the psychological impact of the attacks isn't limited to people who live around the attack sites, Boorstin said.

The people who seem to be having the most difficulty dealing with the attacks -- besides those who lost friends and relatives in the attacks, and police, fire, and search and rescue workers -- "have experienced previous traumatic experiences in their lives,"

he said. That's why immediate and follow-on treatment for PTSD is so important, he noted, adding that people affected by PTSD may relive the traumatic event years later.

Boorstin said 7 percent of respondents in the recent survey said they've seen mental health professionals as a direct result of Sept. 11. Ironically, only one in five persons surveyed who said they were anxious or depressed because of the Sept. 11 attacks was seeking help, he added.

"We've got to continue looking for people who are in trouble," he noted.

Gore had said the Sept. 11 attacks "struck at our national psyche." But there is good news, Boorstin emphasized.

"We're bouncing back," he said.



(Photos by DOD)

## Impact of 9-11 here on mental health professional community

**TRICARE NW REGION—** Following the events of September 11, 2001 terrorist attacks in New York City and the Pentagon, Madigan and Ft. Lewis behavioral health agencies initiated several actions to assist the Ft. Lewis community. Following news of the attacks, the Madigan departments of Army Substance Abuse Program, Psychiatry, Psychology, and Social Work immediately developed a response plan along with their counterparts in the 3d Brigade Behavioral Health Section and the 98th Medical Detachment (Combat Stress). All agencies increased their already active liaison activities to compare notes and monitor

trends within the community. Within a few days Madigan established a website to support health care providers, commanders, parents, and other beneficiaries with information about traumatic stress and coping resources, while preparations were made to increase clinical services and support groups.

As the situation developed it became apparent the military community was coping well with the trauma that was affecting the entire country. Although some members of the community had faced personal losses, and most felt the stress of uncertainty and new security procedures, there did not seem to be an increase in the demand for

behavioral health services. In general there seemed to be a mild increase in anxiety related complaints but very few patients were treated for psychological trauma that was directly related to the events of Sept 11. In summary, Madigan and Ft. Lewis behavioral health personnel positioned themselves quickly to deal with increased psychological trauma although fortunately, the community appears to have coped well with the increase in stress.

*(This feature article was written by: Lt. Col. Bruce E. Crow who serves at Madigan Army Medical Center, chief of psychology)*